PTO/SB/05 (11-00)

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UTILITY
PATENT APPLICATION
TRANSMITTAL

Attomey Docket No.		226272001702	5
First Inv	entor	Carmel M. LYNCH	Ā.
Title		DR TRANSDUCING CELLS IN BLOOD VESSELS USING NT AAV VECTORS	U.S.

(Only for new nonprovisional applications under 37 CFR 1.53(b))

3(b)) Express Mail Label No. EL334458045US

## CERTIFICATE OF MAILING BY "EXPRESS MAIL"

Date of Deposit: August 23, 2001

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	Tamara Venegas									
	APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.  Assistant Commissioner for Patents Box Patent Application Washington, DC 20231									
1.	1. E Fee Transmittal Form, in duplicate (e.g. PTO/SB/17) (2 pages) (Submit an original, and a duplicate for fee processing)				7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)					
2.	2. X Applicant claims small entity status. See 37 CFR 1.27.				Nucleotide and/or Amino Acid Sequence Submission     (if applicable, all necessary)					
3.	X	Specification (preferred arrangement s	set forth below)	[Total Pages 41 ]	a.	_	, eadable Form (Cl	RF)		
1		- Descriptive title of the - Cross Reference to R	Invention	ons	b.	Specification Sequence	-			
i		<ul> <li>Statement Regarding</li> <li>Reference to sequence</li> </ul>	Fed sponsored i	R&D	i. □ CD-ROM or CD-R (2 copies); or ii. □ paper					
1		computer program list - Background of the Inv	ing appendix	, •• =	c.	_ ` `	verifying identify of	of above co	pies	
1		- Brief Summary of the - Brief Description of th	Invention	ed)		ACCOMPANYI	NG APPLICAT	TION PAR	TS	
		- Detailed Description - Claim(s)		•	9.	Assignment Papers (co	over sheet & docu	ment(s))		
		- Abstract of the Disclos	sure		10.	37 CFR 3.73(b) Statem (where there is an assigned			Power of Attorney	
4.		Drawing(s) (35 US	C 113)	[Total Sheets ]	11.	English Translation doc	cument (if applica	ble)		
5.		Oath or Declaration	n	[Total Pages 3 ]	12.	Information Disclosure (IDS)/PTO-1449	Statement		Copies of IDS Citations	
		a. Newly	executed (origi	inal or copy)	13. 🗶	Preliminary Amendmen	nt (4 pages)			
				plication (37 CFR 1.63(d)) al with Box 18 completed)	14. 🔀	Return Receipt Postcar Should be specifically itemi				
		" LJ 5		NVENTOR(S) attached deleting inventor(s) named in the se 37 CFR 1.63(d)(2) and 1.33(b)	15.	15. Certified Copy of Priority Document(s) (If foreign priority is claimed)				
		-	, -, -, -, -, -, -, -, -, -, -, -, -, -,	(4)(2) 4.14 /100(2)	16.	Request and Certification must attach form PTO/S	ion under 35 U.S.C. 122(b)(2)(B)(i). Applicant SB/35 or its equivalent			
6.	X	Application Data S	heet. See 37	7 CFR 1.76 (2 pages)	17.	Other ———				
18.	If a	CONTINUING APPL	ICATION, che	eck appropriate box and supply the requ	isite informat	ion below and in a prelimi	inary amendment	, or in an Ap	plication Data Sheet	
\ <i>"</i> "			Divisional	Continuation-in-part (CIP)	of prio	r application No: 08/793,9	916			
Prie	or app	lication information.		Examiner: M. Wilson	Group /	/ Art Unit; 1633				
dis	ciosu		stinuation or divis	entire disclosure of the prior application, fi sional application and is hereby incorporate parts.						
				19. CORRESPON	DENCE A	DDRESS				
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	Signature Date August 52001									

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Complete if Known					
Application Number	To Be Assigned				
Filing Date	Herewith				
First Named Inventor	Carmel M. LYNCH				
Examiner Name	To Be Assigned				
Group Art Unit	To Be Assigned				

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$)355.00 Attorney Docket No. 226272001702

METHOD OF PAY	FEE CALCULATION (continued)							
1. The Commissioner is hereby aut	3. ADDITIONAL FEES							
fees and credit any overpayment	Large	Entity	Small	Entity				
Account 03-1952 Number		Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee D	escription	Fee Paid
Deposit Account Morrison & Foerster L	LP							
Name		105	130	205	65	Surcha	rge - late filing fee or oath	
Charge Any Additional Fee Required	Under 37 CFR 1.16 and 1.17	127	50	227	25		rge - late provisional filing cover sheet	
Applicant claims small entity status. 5	See 37 CFR 1.27	139	130	139	130	Non-E	nglish specification	
2. Payment Enclosed:		147	2,520	147	2,520		ng a request for ex parte nination	
☐ Check ☐ Credit Card ☐ Mo	oney Order   Other	112	920*	112	920*		sting publication of SIR prior niner action	
FEE CALCULAT	ION	113	1,840*	113	1,840*		sting publication of SIR after ner action	
1. BASIC FILING FEE		115	110	215	55		ion for reply within first month	
200		116	390	216	195	Extens month	ion for reply within second	
Large Entity Small Entity Fee Fee Fee Fee Code (\$) Code (\$)	Description Fee	117	890	217	445	Extens month	on for reply within third	
	Paid	118	1,390	218	695	Extens month	ion for reply within fourth	
	ty filing fee \$355	128	1,890	228	945		on for reply within fifth month	
DE	ign filing fee	119 120	310	219	155		of Appeal	ļ
	nt filing fee ssue filing fee	120	310 270	220 221	155 135	_	brief in support of an appeal	
<b>4</b>	visional filing fee	138	1,510	138	1,510		to institute a public use	
	L	140	110	240	55		ung i to revive - unavoidable	
SUBTOT	AL (1) (\$)355.00	141	1,240	241	620		to revive - unintentional	
2. EXTRA CLAIM FEES		142	1,240	242	620	Utility is	ssue fee (or reissue)	
Extra Claims	Fee from below Fee Paid	143	440	243	220	Design	issue fee	1
Total Claims 16 -20** = 0 x	= \$0	144	600	244	300	Plant is	sue fee	
Independent 2 -3** = 0 x	= \$0	122	130	122	130	Petition	s of the Commissioner	
Multiple Dependent	= \$0	123	50	123	50	Petition applica	s related to provisional tions	
		126	180	126	180		sion of Information ure Stmt	
Large Entity Small Entity Fee Fee Fee Fee Fe Code (\$) Code (\$)	e Description	581	40	581	40	Record	ing each patent assignment perties (times number of	
103 18 203 9 <b>C</b> R	, aims in excess of 20	146	710	246	355	Filing a	submission after final	
102 80 202 40 Inc	dependent claims in excess of 3	149	710	249	355	For eac	th additional invention to be ed (37 CFR § 1.129(b))	
104 270 204 135 <b>M</b> u	iltiple dependent claims, if not paid	179	710	279	355		t for Continued Examination	
	teissue independent claims over ginal patent	169	900	169	900	Reques	it for expedited examination sign application	
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SUBTOT	Other fee (	(specify)						
** or number previously paid, if greater; For rei	*Reduced	by Basıc Fil	ing Fee Pa	aid		SUBTOTAL (3)	0	
SUBMITTED BY							Complete (if applicable)	
Name (Print/Type) Catherine M. Polizzi Registration No. (Attorney/Agent) 40,130						Telephone 650-813-	5651	
Signature Caller Holis Date August 232001					32001			

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